

South Carolina  
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[www.scdhhs.gov](http://www.scdhhs.gov)  
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## MEDICAID BULLETIN

Phys  
Dent  
MC  
Hosp  
Med Clin  
MHRC  
HH  
Pharm

**TO:** Providers Indicated

**SUBJECTS:** South Carolina Medicaid Preferred Drug List

The following revisions to the Preferred Drug List (PDL) are effective with dates of service on or after October 15, 2012.

ANTIHYPURICEMICS	
Preferred	Non-Preferred
ALLOPURINOL <i>Added as Preferred</i>	ULORIC®
COLCRYS® <i>Added as Preferred</i>	ZYLOPRIM®
PROBENECID <i>Added as Preferred</i>	
PROBENECID/COLCHICINE <i>Added as Preferred</i>	
ANTICOAGULANTS: ORAL	
Preferred	Non-Preferred
PRADAXA® <i>Added as Preferred</i>	COUMADIN®
WARFARIN	JANTOVEN
XARELTO® <i>Added as Preferred</i>	
ANTICOAGULANTS: INJECTABLE	
Preferred	Non-Preferred
ARIIXTRA®	LOVENOX®
FRAGMIN®	
ENOXAPARIN	

ANTIDEPRESSANTS: SSRI's	
CITALOPRAM	FLUOXETINE 60mg <i>Changed to Non-Preferred</i>
FLUOXETINE (CAP/SOLN/TAB not DR)	SERTRALINE CONCENTRATE <i>Changed to Non-Preferred</i>
FLUVOXAMINE	
PAROXETINE	
SERTRALINE	
GLUCOCORTICOIDS: INHALED	
Preferred	Non-Preferred
ADVAIR® DISKUS	
ADVAIR® HFA	
DULERA® <i>Added as Preferred</i>	
SYMBICORT®	
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCER	
Preferred	Non-Preferred
JANUMET®	JUVISYNC™
JANUMET XR®	
JANUVIA®	
JENTADUETO® <i>Added as Preferred</i>	
KOMBIGLYZE XR®	
ONGLYZA®	
TRADJENTA® <i>Added as Preferred</i>	
TOPICAL STEROIDS: HIGH	
Preferred	Non-Preferred
BETA-VAL (CREAM/LOTION)	BETAMETHASONE VALERATE (OINT)†
BETAMETH VALERATE (CREAM/LOTION)	BETAMET DIPROP/PROPY GLYCOL (LOTION/OINT)†
BETAMETH DIPROP (CREAM/LOTION)	BETAMETHASONE DIPROP (GEL/OINT)†
BETAMETH/DIPRO/PROPYL GLYCOL (CREAM)	DESOXIMETASONE (CREAM/GEL)†
FLUOCINONIDE (CREAM/EMOL/GEL/SOLN)	FLUOCINONIDE (OINT)†
TRIAMCINOLONE ACETONIDE (CREAM/LOTION/OINT)	† <i>Changed to Non-Preferred</i>

The list above only reflects changes to the Preferred Drug List (PDL). To view the complete Preferred Drug List (PDL), please refer to our website <http://southcarolina.fhsc.com>.

Prescribers are strongly encouraged to write prescriptions for "preferred" products. However, if a prescriber deems that a patient's clinical status requires therapy with a Prior Authorized (PA) - required drug, the prescriber (or his/her designated office personnel) is responsible for initiating the PA request. A prospective, approved PA request will prevent rejection of prescription claims at the pharmacy due to the PA requirement.

All PA requests should be submitted via WebPA, telephone, or fax to the Magellan Medicaid Administration Clinical Call Center by the prescriber or the prescriber's designated office personnel. To access the WebPA tool, visit <http://southcarolina.fhsc.com>, click on "Prescribers", then "WebPA". New users will need to click on "UAC" in the right hand corner to request a user ID and password. The toll-free telephone and fax numbers for the Clinical Call Center are 866-247-1181 and 888-603-7696, respectively. The Magellan Medicaid Administration Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be provided to beneficiaries. Magellan Medicaid Administration's SC Medicaid beneficiary call center telephone number for Pharmacy Services is 800-834-2680. Providers may furnish the beneficiary call center telephone number to Medicaid beneficiaries *for Pharmacy Services-related issues only.*)

A pharmacy claim submitted for a PA-required product that has not been approved for Medicaid reimbursement will reject. If this occurs, the pharmacist should contact the prescriber so that a determination can be made regarding whether a drug *not* requiring PA is clinically appropriate for the patient.

Questions regarding this bulletin should be directed to Magellan Medicaid Administration's Call Center at 866-254-1669.

/s/  
Anthony E. Keck  
Director

**NOTE:** To receive Medicaid bulletins by email, please register at <http://bulletin.scdhhs.gov/>. To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions.